

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/051706

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				61						
2			/				62						
3			/				63						
4			/				64						
5			/				65						
6			/				66						
7			/				67						
8			/				68						
9			/				69						
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46			/										
47			/										
48			/										
49			/										
50			/										
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			18				TOTAL DEP.						
TOTAL CLAIMS			22				TOTAL CLAIMS						

BEST AVAILABLE COPY